Vision for Health Information Technology for the State of Maine

Policy Vision Statement for Maine from the OSC HIT State Plan: Preserving and improving the health of Maine people requires a transformed patient centered health system that uses highly secure, integrated electronic health information systems to advance access, safety, quality, and cost efficiency in the care of individual patients and populations. By 2015, all people in Maine will be cared for by healthcare providers who share electronic health and health related information securely within a connected healthcare system using standards-based technologies that promote high quality individual and population health and all people in Maine will have access to a flexible comprehensive consumer centric life-long health record – "One Person One Record"

Policy Case From LD 1818 Working Group

Policy case from LD 1818:   A high quality and efficient health care system is in the public interest. Everyone is involved with health care and a tremendous amount of public (and private) funds are spent on health care. Successful health care system reform will result in improvement in care quality and safety, lower cost trends, and better patient experience. Accurate, available administrative and clinical health data that is accessible to patients, providers, purchasers, payers, and researchers is necessary to analyze our current health care system and guide future development for overall improvement in population health and guide efforts toward a sustainable health care system

Policy Case from LD 1818 Theme 1. Governance and Theme 3. PHI Subcommittees

Policy case from LD 1818 Theme 1 Governance Subcommittee: Administrative data (claims data) is not by itself sufficient to evaluate quality of the health care systems at the individual consumer, provider, practice, hospital or payer levels.   Similarly, clinical data is not by itself sufficient to evaluate quality of the health care systems at the individual consumer, provider, practice, hospital or payer levels. There is consensus that there is significant value in linking clinical, claims and other data.

Policy Case from LD 1818 Theme 3 PHI Subcommittee: There is a recognition that health care records and data are moving from a silos to an integrated longitudinal one-patient, one-record. Recognizing both the current feasibility of technology, and that rapid advancements in technology will continue, we need to have linking systems that adapt and adopt new technologies as they arise. We also need to build on existing systems that are in place and not duplicate efforts.